

## PART B - ISSUE FEE TRANSMITTAL

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All future correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 2 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. **See reverse for Certificate of Mailing.**

## 1. CORRESPONDENCE ADDRESS

SAIDMAN, STERNE, KESSLER & GOLDSTEIN  
1225 CONNECTICUT AVENUE  
WASHINGTON, DC 20036

## 2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

☐ Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/303,952	01/31/89	008	LEWIS, A 337	10/03/90
First Named Applicant	RAEMER, DANIEL			

TITLE OF INVENTION: CO2 INDICATOR AND THE USE THEREOF TO EVALUATE PLACEMENT OF TRACHEAL TUBES

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3 06270160001	128-207.140	J42	UTILITY	YES	\$310.00	01/03/91

## 3. Further correspondence to be mailed to the following:

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Sterne, Kessler

2 Goldstein &amp; Fox

3

DO NOT USE THIS SPACE

060 MC 01/11/91 07303952  
060 MC 01/11/91 07303952

1 242  
1 501

525.00 CK  
15.00 CK

## 5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

C2 Brigham &amp; Women's Hospital

(2) ADDRESS: (City &amp; State or Country)

75 Francis Street

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION

Boston, MA 02115

A. ☐ This application is NOT assigned.☒ Assignment previously submitted to the Patent and Trademark Office.

☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

**PLEASE NOTE:** Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

6a. The following fees are enclosed:

☒ Issue Fee ☒ Advanced Order - # of Copies 10

(Minimum of 10)

6b. The following fees should be charged to:

DEPOSIT ACCOUNT NUMBER

(Enclose Part C)

☐ Issue Fee ☐ Advanced Order - # of Copies

☐ Any Deficiencies in Enclosed Fees

(Minimum of 10)

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest, for record)

David K.S. Cornwell

Reg. No. 31,944

(Date) 1-3-91  
1/3/91

**NOTE:** The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH FEE CERTIFICATE OF MAILING ON REVERSE